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## BIB DATA SHEET

CONFIRMATION NO. 5014

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT                    | ATTORNEY DOCKET<br>NO.  |                           |                                |
|--|---|--|-----------------------------------|---|---------------------------|--------------------------------|
| 10/506,664   | 05/02/2005  | 604  | 3736                              | POL0005-PCT   |                           |                                |
| <b>APPLICANTS</b><br>Andrzej Czernecki, Warsaw, POLAND;<br>Wojciech Wyszogrodzki, Warsaw, POLAND;<br>Wojciech Sarna, Warsaw, POLAND;   |   |  |                                   |   |                           |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/PL03/00019 03/05/2003  |   |  |                                   |   |                           |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>POLAND P.352649 03/06/2002<br>POLAND P.352660 03/07/2002<br>POLAND P.352962 03/22/2002<br>POLAND P.355740 08/28/2002   |   |  |                                   |   |                           |                                |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b>  |   |  |                                   |   |                           |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/RENE T TOWA/</u><br>Examiner's Signature |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>POLAND | <b>SHEETS DRAWINGS</b><br>4   | <b>TOTAL CLAIMS</b><br>12 | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>PAUL, HASTINGS, JANOFISKY & WALKER LLP<br>875 15th Street, NW<br>Washington, DC 20005<br>UNITED STATES   |   |  |                                   |   |                           |                                |
| <b>TITLE</b><br>Device for puncturing patient's skin   |   |  |                                   |   |                           |                                |
| <b>FILING FEE RECEIVED</b><br>625  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                           |                                |